Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election, or Nomination (Manth, Day, Year)	Reporting Incumbent Calendar Year Status Covered by Report	New Entrant, Termination Term	Termination Date (#App#- cable) (Month, Day, Year)	Fee for Late Filing
2/21/2012 KHE	10 15 1			Any individual who is required to file this report and does so more than 30 days
Reporting	Last Name Fi	First Name and Middle Initial		filed, or, if an extension is granted, more
Individual's Name	Moose	Amanda D.		than 30 days after the last day of the filing extension period, shall be subject
Walter Carthern	Title of Position D	Department or Agency (If Applicable)	c)	to a \$200 fee.
Filing	Special Assistant to the President	Executive office of the	of the President	Reporting Periods
Location of	Address (Number, Street, City, State, and ZIP Code)	Telephone No. (Include Area Code)	clude Area Code)	the preceding calendar year except Part
Present Office (or forwarding address)	1607 Romsylvinia Avenue NW Waitington DC	20500 202-	456-1414	where you must also include the filing year up to the date you file. Part II of
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held			Schedule D is not applicable.
Government During the Preceding 12 Months (If Not Same as Above)				Termination Filers: The reporting period begins at the end of the period
	Name of Congressional Committee Considering Namination D	To Vou Intend to County - County - I To		at the date of termination. Part II of
Presidential Nominees Subject to Senate Confirmation		☐ Yes ☐ No	No	Nominees New Entrants and
Carlination				Candidates for President and
ICERTIFY that the statements I have	of reporting individual	Date (Month, Day, Year)	y, Year)	
made on this form and all attached schedules are true, complete and correct to the best of my knowledge.		May 23, 2016	016	Schedule A-The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets
Other Review	Signature of Other Reviewer	Date (Month, Day, Year)	y, Year)	as of any date you choose that is within 31 days of the date of filing
agency)	Mr. 1. Bar	5/24/2016	6	Schedule B-Not applicable.
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official	cial Date (Month, Day, Year)	y, Year)	Schedule C, Part I (Liabilities)The reporting period is the preceding calendar
On the basis of information contained in this report, I conclude that the filer is in compliance with annihilation of the filer is in compliance.		∖ ∣	() : "	year and the current calendar year up to any date you choose that is within 31 days
any comments in the box below).	you com	W/15/	9102	of the date of filing.
Office of Government Ethics	Signature	Date (Month. Day, Year)	y, Year)	Schedule C, Part II (Agreements or Arrangements)—Show any agreements
Use Only				arrangements as of the date of filing.
Comments of Reviewing Officials (L	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	0		Schedule D—The reporting period is the preceding two calendar years and the green that the second se
The entry on line 7 of page A	of the province woods report should have been labeled "s	(Check box if filing extension granted & indicate number of days	Ĵ	of filing.
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Page Number 2 of		Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.				Type & Actual Amount)		home \$130,000								
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

tion, and the value of (1) gift (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$350 and (2) travel-related cash reimbursements received from one source totaling more than \$350. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under \$ U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by Source (Name and Address) Natilasm of Rock Collectors, NY, NY Airtine ticket, hotel room & meals include the provided of the provided	LTY,	LTY,	Lry,	LTY,	independent of their relationship to independent of their relationship to ithe donor's residence. Also, for purp total value from one source, exclude for other exclusions. Brief Description Brief Description Brief Description
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

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*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.						JOHNSTON MEM HOSP AUTH NC MTG REV SER A RF AGM JUNDB 04.000%APR01 2015				OWTH FD CL A	JND CL A	*	LA	FDCLA	H FUND CL A	FUND A	Identification of Assets			SCHEDULE B conti	
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eppering individuals Name a NC))							Page N	Page Number			
MINING DAL JUDOUX	5(SCHEDULEC	7				i i			_	0	잋	=	
Part I: Liabilities	a mortgage on your personal residence	None X										İ		
to any one creditor at any time	automobiles, household furniture	1				ဂ္ဂ	Category of Amount or Value (x)	오	ount (or Valu	œ (X)			Ц
during the reporting period by you, your spouse, or dependent children.	or appliances; and liabilities owed to			ia .								_	j	,
Check the highest amount owed during the reporting period. Exclude	See instructions for revolving charge accounts.			,001 - ,000	000 001 -	0,000	0,001-	0,001 - 0,000 0,001 -	00,000	90,000	00,001	00,000	000,000	000,000
Creditors (Name and Address)	Type of Liability	Incurred Rate	Rate applicable	\$10 \$15	\$50	\$10	\$25	\$50	\$1,0		\$5,0	525,	SSO.	\$50,
Examples First District Bank, Washington, DC	Mortgage on rental property. Delaware	1991 8	8% 25 yrs.			×	4	\downarrow	4	4	4	_	1	1
L	Promissory note	1999 10%	ا	j		1	 	<u>* j</u>	-	1	ļ	+	<u> </u>	İ
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*This category applies only if the liability is so with the spouse or dependent children, mark	*This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or with the spouse or dependent children, mark the other higher categories, as appropriate.	en. If the liabilly	y is that of the fi	e L	joint liability of the filer	lability	ģ	E C	-	- }-	-	-	-	
Part II: Agreements or Arrangements	Arrangements				ı									
Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves	for: (1) continuing participation in an , deferred compensation); (2) continua-cluding severance payments); (3) leaves	of absence; a ing of negoti	of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. Non-	employ of the	oyment. See instructions rega ese arrangements or benefits.	. See i	nstru lents (ction or be	s rega	ardin	5 the	repo:	Ë	×
Status and Terr	Status and Terms of any Agreement or Arrangement					7	Parties						Date	
Example Pursuant to partnership agreement, w	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on scryice performed through 1/00.	rinership share	Doe Jones & Sm		th, Hometown, State	town. S	tate						7/85	-
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		73				Beamples Metro University (client of Doe Jones & Smith), Moneyrown, State	Source (Name and Address)	Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any other	art II: Compensation							Examples Doe Jones & Smith, Hometown, State	Organization (Name and Address) Nat'l Assn. of Rock Collectors, NY, NY	Part I: Positions Held Outside U.S. Governmen Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit	Resporting Individual's Name.	
						nith), Moneytown, State	Address)	npensation received by you or yo directly by you during any one names of clients and customers of business enterprise, or any other	in Excess of \$5,00					E.			ind Address)	Outside U.S. Government pplicable reporting period, whether compennot limited to those of an officer, director, presentative, employee, or consultant of other business enterprise or any non-profit		
				*		Legal services in connection with university construction	Brief D		Paid								Type of Organization	nt mt	SCHEDULE D	
						action	f Description of Duties		Do not complete this part if you are an Incumbent, Termination filer, or Vice							Partner	Position Held	organization or educational institution. Exclude positions with religious social, fraternal, or political entities and those solely of an honorary nature.		
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